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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to provide you with this notice to explain our privacy practices with regard to your health information. This document describes how we may use and disclose your protected health information (PHI) for treatment, payment, healthcare operations, and other purposes permitted or required by law. Your rights with respect to your protected health information are also described in this notice.

Effective Date

This Notice of Privacy Practices became effective on April 1, 2014.

Right to Amend This Notice

We reserve the right to change the provisions of our Notice of Privacy Practices and make new provisions for the privacy of the protected health information we maintain. If we make a material change, we will post the amended notice promptly on our website:
www.naturalreliefacupuncture.com.

What is Protected Health Information (PHI)?

Protected health information is individually identifiable health information we obtain or generate in providing our services to you. Such information may include documenting your symptoms, examination results, test results, diagnoses, treatments, and applying for future care or treatment. It also includes billing documents for those services.

TYPES OF USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment

We will use and disclose your protected health information to provide, manage, and coordinate your care and any related services. We will also disclose your protected health information to other providers whom we may consult or coordinate with in your care, such as obtaining the input of a specialist.

Payment

We will use your protected health information to obtain payment for services provided. For example, we may provide protected health information to a health insurance company or to a business associate to obtain payment for your treatment.

Healthcare Operations

Your protected health information may be used as necessary by business associates who provide us with services such as legal services, accounting services, insurance, and training programs.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

OTHER WAYS WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Communication with Family

We may use and disclose relevant portions of your protected health information to your family member, relative, close friend, or other person you identify as being involved in your care or payment for care. In an emergency or when you are not capable of agreeing or objecting, we will use and disclose your protected health information as we determine is in your best interest. We will inform you after the emergency and give you the opportunity to object to future disclosures to family and friends.

As Required By Law

We will use and disclose your protected health information when we are required to do so by federal, state or local law. We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, or as directed by court order.

Health Oversight Agencies

We may use and disclose your protected health information to appropriate health oversight agencies for health oversight activities.

To Avert a Serious Threat to Public Health or Safety

We may use and disclose your protected health information to public health or legal authorities permitted to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability. We may disclose your protected health information to public authorities as required by law or regulation to report abuse or neglect.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to this office:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

Natural Relief Acupuncture is required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

You have recourse if you feel that this privacy policy has been violated. You have the right to file written complaint with our office or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this office or the policies and procedures of this office. The office will not retaliate against you for filing a complaint. Please request additional information if needed.